



2021 REGISTRATION FORM

MEMORIAL WALK/RUN

Name: _____

Age: _____ Sex: Male ☐ Female ☐ Survivor: Yes ☐ No ☐

Address: _____

City/State: _____ Zip: _____

Email: _____ Agency (if applicable): _____

T-Shirt Type: -- Men's ☐ Women's ☐ Youth ☐

T-Shirt Size: -- S ☐ M ☐ L ☐ XL ☐ XXL ☐

Category: Walk ☐ Run ☐ Matt Uhl Phantom ☐

Pay by Check ☐ Pay by Cash ☐

Matt Uhl
Phantom Runner

For a donation of \$20 or more, sleep in, skip the event, and still get a t-shirt or challenge coin.

Team Info: (Complete only if competing in a team) Team Name: _____

"I will never forget!" pledge \$ _____.

Preferred Packet Pick-Up Option: Phoenix ☐ Tucson ☐ Race Day ☐

Checks made payable to: C.O.P.S. Arizona

Mail registration and payment to: AZ DPS, Attn: AZ DPS Memorial c/o Sheila Wakelam
2102 W. Encanto Blvd., MD #1220, AZ 85009

For event information and updates please visit: azdps.gov/memorial5k